

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Robert A. Morgan et al.

Serial No.: Unknown

Filing Date: December 29, 2000

For: SPATIALLY MODULATED REFLECTOR FOR AN OPTOELECTRONIC DEVICE

Docket No.: 1100.1114101

TRANSMITTAL SHEET

Box Patent Application
The Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of : EL595467854US, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231 on this 29th day of December, 2000.

By

Jolene Alger

We are transmitting herewith the attached Patent Application including the following:

- ☒ 26 sheets of specification.
- ☒ 44 claims.
- ☒ 1 sheets of Abstract.
- ☒ 12 sheets of formal drawings.
- ☒ Unexecuted Declaration and Power of Attorney.
- ☐ A verified statement(s) to establish small entity status under 37 C.F.R. 1.9 and/or 1.27 is enclosed.
- ☐ An Assignment of the invention to _____ is being filed contemporaneous with this patent application.
- ☐ A certified copy of a _____ application, serial no. _____, filed _____, 19____, the right of priority of which is claimed under 35 U.S.C. 119.

12/29/00

JC984 U.S. PTO

JC951 U.S. PTO

09/751423

12/29/00

09/751423 12/29/00

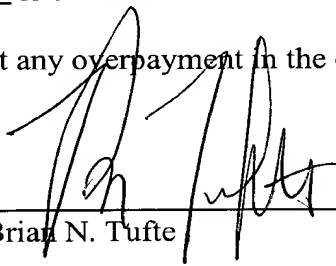
| CLAIMS AS FILED | | | | | | |
|--|---------|---------|--------------|-------|------------|-------|
| | (1) | (2) | SMALL ENTITY | | OTHER | |
| FOR: | # FILED | # EXTRA | Rate | Fee | Rate | Fee |
| BASIC FEE | | | | \$355 | | \$710 |
| TOTAL CLAIMS | 44-20 = | 22 | x9= | \$ | x18= | \$396 |
| INDEPENDENT CLAIMS | 10-3 = | 7 | X40= | \$ | X80= | \$560 |
| () MULTIPLE DEPENDENT CLAIM PRESENTED | | | +135= | \$ | +270= | \$ |
| TOTAL | | | \$ | | \$1,666.00 | |

*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[] Other _____

[] A check in the amount of \$_____ is enclosed.

[] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: 
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